

Treatment Evidence Guidance Form

iUBT293 – Waxing

Evidence of 5 treatments including one treatment per client on the following range of areas:

Full leg, bikini line, underarm, forearm, lip, chin

To be completed by the lecturer and verified by the external examiner. Please attach a copy of this sheet to the front of each learner's completed treatment evidence form.

Learner name: _____

Learner number: _____

Centre name: _____

Date: _____

	Please tick box:	Yes	No
Consultation			
Medical history			
Treatment details			
Client feedback			
Home care advice including advice for ongoing treatment plan			
Have all treatments been completed			

Please note; each box must be ticked **'Yes'** in order to gain a pass grade. If any area is answered **'No'** the treatment evidence will be referred until the omitted section is completed.

External examiner name: _____

External examiner signature: _____ **Date:** _____

Lecturer/Assessor name: _____

Lecturer/Assessor name signature: _____ **Date:** _____

Learner name: _____

Learner signature: _____ **Date:** _____

Document History

Version	Issue Date	Changes	Role
v1	03/09/2019	First published	Qualifications and Regulation Co-ordinator